PTO/SB/81 (04-05)

Doc Code:

Approved for use through 11/30/2005. OMB 0851-0035

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POWER OF ATTORNEY CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	
Filing Date	
First Named Inventor	CHAVA, SATYANARAYANA
Title	AnProcessPreparation Moxifloxacin
Art Unit	
Examiner Name	
Attorney Docket Number	0288-035P/JAB

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			e entire interest. See 37 CFR 3.71. R 3.73(b) is enclosed. (Form PTO/SB	/96).		****		
			SIGNATURE of Applica	ant or Ass	ignee of Recor	rd		
Signat	ure					Date	FEB.	, 2006
Name		CHAV	'A, SATYANARAYANA			Telephone		
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NOTE: multipl	•	all the	inventors or assignees of record of t	the entire in	terest or their re	presentativ	e(s) are requ	ired. Submit
⊠ *	Total of	4	forms are submitted.					-

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Application Number	
Filing Date	
First Named Inventor	CHAVA, SATYANARAYANA
Title	AnProcessPreparation Moxifloxacin
Art Unit	
Examiner Name	
Attorney Docket Number	0288-035P/JAB

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Name		GOR	ANTLA, SEETA R.			Telephone		
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	Application Number	
POWER OF ATTORNEY	Filing Date	
	First Named Inventor	CHAVA, SATYANARAYANA
and CORRESPONDENCE ADDRESS	Title	AnProcessPreparation Moxifloxacin
	Art Unit	
INDICATION FORM	Examiner Name	
	Attorney Docket Number	0288-035P/JAB

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Signature			Date	•	FEB.	, 2006	
Name	VASIREDDY, UMAMAHESWURA R		Tele	phone			
Title and Company							
NOTE: Signatures of multiple	all the inventors or assignees of record of	f the entire in	erest or their repres	entative(s)	are requi	red. Submit	
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